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## CONSERVATIVE SURGERY.

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ROBERT LISTON, in his Lectures on Surgery, used to show to the students a chisel and mallet as instruments used in amputations in Germany and the Low Countries, remarking, however, that no one in England would submit to such a procedure. Modern Yankee invention has substituted for the chisel an instrument superior to it in the number of amputations it can perform at one stroke, but which was originally intended for the cutting of hay, so that amputation of fingers by the hay-cutter, though it can hardly yet be claimed as an improvement, is at least an innovation in surgery that is frequently borne, notwithstanding the dislike to such procedures, which is probably no less in Americans than in the English.

The art of surgery has assumed as a postulate that the section of limbs and members should be so made as to allow the bone to be readily covered by the soft parts. This is so generally understood, that few or none of the modern works on surgery declare it. They give ample directions how to do it, assuming its necessity, but do not find it essential to assert the principle. From this position probably arises that prejudice against the chisel and hay-cutter operation, which, as at the time of the Professor, undoubtedly still exists. I shall venture, in this communication, to assert, not that this rapid mode of operating is preferable to that usually laid down in the books, but that like Mercutio's wound "'tis enough! 'twill serve," and especially that having been "done quickly" it is "well done" and does not require any farther operation.

These unexpected amputations by hay-cutters occur quite frequently in the country, and it is well worth while to determine the best mode of dressing them. Most of the cases are those of children, who, curiously examining the action of the machine, are accidentally caught by it, and it will be observed generally that, as the patient of course endeavors to pull away his hand at the moment he finds it caught, the skin and pulp of the fingers are drawn for-

ward over the bone at the instant of the division, and the bone is thus left even with, or slightly protruding beyond the flesh.

Now, leaving the question, whether or no it be advisable to apply again the amputated portions in the hope that they may grow on, supposing the surgeon to have lost them or to deem it inadvisable to try to make them adhere, how shall he dress the stumps? Plainly enough, according to every stereotyped law in surgery, and perhaps to every scientific surgeon, by cutting off a little more of the already too short members, to wit, the bones, so that the flesh can easily cover them. Now this course I claim, although entirely *secundum artem* and bookish, is unnecessary, and therefore improper. The better one, as leading to equally good use of the parts subsequently, and saving more of the finger, is simply to remove any lacerated portion, if there be such, and then to apply a simple dressing, without making any attempt to procure union by first intention, but with a view to let the wound throw out granulations sufficient to cover, eventually, the exposed bone, which will invariably take place. This mode, of course, involves a greater length of time in healing than is required under the other process when union by first intention takes place, but the latter happy accident is so rare that it can never be reasonably expected, and the wound ordinarily goes through the same slow process of suppuration and granulation under either plan of treatment.

This saving of a bit more or less of the finger may be thought a very trivial matter, but in those cases where, as in children, the bones are very short, the removal of the portion necessary to allow them to be covered by the soft parts, often compels one to remove a part of the next phalanx, thus involving the loss of a joint, which is certainly no small thing; add to which, the important fact that you avoid what seems to the little patient and his family a frightful surgical operation, and there would seem to be ample reason for adopting the simpler proceeding.

No claim to originality in this matter is put forth, as I have found, upon inquiry, that many other practitioners have adopted the same course, and with invariable success; all agreeing that an untoward result, such as recovery with a protruding bone or an unserviceable finger, has not yet been seen. Nor has this fortunate result occurred in cases only where, the amputation having been done by a sharp instrument, the end of the bone protrudes but little. The same treatment has been adopted in cases where the finger has been "jammed" off, by being caught in machinery or anything of the kind, and the bone left exposed for perhaps half the length of the phalanx, or even more; in all such cases, and I have seen several, the recovery has been not less complete and satisfactory.

I have spoken of the result as being always satisfactory, yet two cases occur to me in which it was not so much so as could be desired; the first, that of a laborer, whose two amputated phalan-

ges were dressed, as stated above, with simple cold-water dressings, and who the next day found his way into the Mass. General Hospital, where *active* interference was deemed necessary, and the ends of the bones were removed by the surgeon; the other, of a boy, the end of whose finger was jammed off whilst coasting, by being caught between the sled-runner and a tree, and which was dressed like the other, and a favorable prognosis given. Things went on as usual till the third day, when the lad was taken to town to a surgeon, who considered it a grave case, and of course amputated again. It is needless to say, that in these cases the result was eminently unsatisfactory, both parties having regarded me since then "*torvo oculo et hostili*," evidently thinking me inadequate to the care of such important cases.

Were it not for those cases, and the fact that since then I have seen a surgeon, in a public institution, in what seemed to me a cruel, because unnecessary operation, remove a considerable part of the phalangeal extremities from a girl who had already had the ill-luck to lose part of them in a hay-cutter, this article would not have been written, as I had supposed that Common Sense had gotten the better of Science on this point. But there is, it seems, one more lesson to be learned in conservative surgery, so that hay-cutters may not, finding their work carried to a greater extent by the surgeon, consider themselves as having his moral support, and the community may not look upon the surgeon as a hay-and-finger-cutter on a larger scale. J. S.

*Jamaica Plain, January*, 1862.

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## DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

LECTURE X.—(Concluded from page 499.)

THE remarks that have been made on certain states of the skin, naturally bring us to the subject of animal heat, the variations of which are chiefly connected with the skin and its sensations, whilst the influence of cold on these variations and consequently on the production, phenomena and course of disease, is constantly to be taken into view in its treatment. Although it is universally conceded that exposure in various ways to external temperature, is one of the most efficient causes of disturbances of the health, we know very little of the laws according to which this takes place. In common opinion nothing is regarded as more certain than that disease is constantly produced, and that the symptoms of disease are constantly modified, by what is familiarly spoken of as "taking cold." Yet almost no exact knowledge is possessed of the mode in which this effect is brought about, or of the conditions of the body itself, or of the external agents on which it is supposed to depend. The common notions so confidently entertained concerning the whole matter afford us one of the most remarkable of the exam-

ples, only too common, in which we mistake the habitual use of certain forms of expression, which have become familiar, but to which we attach no definite idea, for a clear comprehension of the subject to which they relate.

The easy solution thus resorted to for the purpose of explaining the effects of "taking cold," is used on occasions of the most opposite kinds, and for very different diseases. It is employed without at all understanding the manner in which the animal heat is modified by the circumstances of the exposure, or of the manner in which the modification operates to the production of disease. The most common idea is that we take cold by the withdrawal, in some way, of the heat of the body. Yet it is manifest that this withdrawal takes place in such a different manner, in such a different degree, and under such different conditions, that there can be no uniformity in its *modus operandi* as a cause. Whilst, on the one hand, the same disease is produced by very different modes of exposure, on the other, the same mode of exposure will in other cases produce very different forms of disease. Thus, in one case where cold is taken there has been but a momentary exposure of a small part of the body to a cause which can produce but a very slight loss of animal heat, as a draught of cold air; in another, a large quantity has been abstracted from the whole surface, as by remaining a long time in the water, or exposed to a high cold wind; in another case, no assignable impression of the kind has taken place at all, and yet, in each, disease has been produced. Colds, of apparently the same character, prevail under circumstances the most diverse, as in cold weather and warm weather, in dry weather and in damp, in uniform weather and in variable, in one kind of season and in its opposite.

The most reliable results we can extract from the vague mass of observation on this subject are, that sudden exposure, especially when the body has been much heated, the skin is in an excited state, and the body is insufficiently or less than habitually clothed, or when the weather has suddenly changed from warm to cold, or from cold to warm, is a condition under which the cases we attribute to cold are very likely to arise; that the gradual, and still more the rapid abstraction of large quantities of animal heat, however this is brought about, are also likely to produce disease, but in this case of a more deep-seated, continuous and obstinate character, though not always more violent; but that the most extensive, though less obvious injurious effects of cold are found among those who are exposed through long and inclement seasons, with deficient protection by habitations, clothing and fuel, especially among the young. Is is to be observed, however, that there is no uniformity in the degree or kind of the effects which are thus produced, and that it is but a limited proportion of the persons exposed to these causes who are unfavorably affected by them. Hence we are obliged to infer that we can justly consider the dis-

turbance of the animal heat as constituting but one of the conditions upon which depends the origin of the diseases usually attributed to taking cold.

We are not likely, then, to derive any considerable aid in the direction of treatment from our knowledge of the connection of the scientific history of animal heat with the production of disease, and we are obliged to depend mainly on the teachings of observation and experiment. In the early stages of acute diseases there is usually some over-production or accumulation of animal heat; this, when excessive, causes no little suffering and restlessness; and many of the other troublesome symptoms of the febrile condition seem closely associated with it, such as headache, pains in the back and limbs, want of sleep, and thirst. Whether the accumulation of heat is the cause of these other symptoms or not, it is very certain that the alleviation of the heat of the skin by cool air, cool sponging, the application of cold cloths or ice to the parts most affected, and cool drinks, not only give relief to the sensation of heat, but tend also to mitigate the other febrile symptoms. How much this relief actually contributes to the removal of disease, we cannot say, but the quieting of pain and thirst and the production of sleep are always important objects to secure.

But throughout some acute diseases, and in the advanced stages of all, there is a diminished production of animal heat. Notwithstanding this, there may still remain a tendency to occasional exacerbations, but more limited in extent and continuance. In such cases the loss of heat becomes exhaustive, and should be guarded against by attention to food, clothing and the other hygienic conditions which will prevent this loss. The warmth of the body, as a whole, is to be watched and maintained. Yet there is in this state of things no inconsistency in the application of means for the relief of the temporary attacks of heat, locally or even generally. The main principle to be held in view is to prevent that general depression of the powers of the system which is so certainly the result of a permanent draught upon its efforts for keeping up the temperature of the body. The effects of this exhaustion are not always perceived by the sensation of cold, but often by a disturbance of some of the internal functions. Thus, a convalescent will experience a loss of appetite, headache, neuralgic pains, watchfulness, troublesome sleep, as well as other symptoms, from a considerable fall of temperature in his chamber, of which he is hardly sensible, but which a careful observation of the cause of the phenomena will satisfy the physician has been due to cold—not to taking cold in the ordinary sense of the word, but to the general depression of vital force due to its disproportioned expenditure in the maintenance of temperature. This especially manifests itself in organs which have been the subjects of the disease, and hence the great relief often experienced from the application of direct warmth, and also of extra clothing, to such parts.

Perhaps the most common mistake in attending to this point, is to overlook the necessity of the access of fresh air to sick rooms, and to endeavor to maintain their warmth mainly by keeping out cold air, instead of warming that which is introduced. Breathing cool, or even cold air, is seldom injurious, and carries off but little heat, where it is pure and fresh, if the body be surrounded by a sufficient amount of non-conductors to preserve that which is generated.

It is sometimes observed that the external surface of the body is cool, while the patient experiences the sensation of heat. This is often noticed in common cases in a slight degree, but in some violent diseases it is exhibited in a very striking degree. The skin of the patient is cold, even icy cold, but he seems to himself to be burning with intense heat. No external means will warm the body, except as it will warm a corpse; it even seems more difficult than this—and it becomes cold again, as soon as applications are suspended. There may be an occasional and limited flush of heat, but for the most, the coldness remains till death, when the case is fatal; but then, the surface, which could not be warmed from without, during life, becomes gradually warm from within; and, in some cases certainly, the internal viscera are found very warm, and even at a higher than the normal temperature, if the body be opened. In this singular state of things, most noticeable in cholera, it would seem as if the animal heat was prevented from diffusing itself during life by some modification of the law of conduction dependent upon the presence of vitality, but on the cessation of life is permitted to obey the ordinary conducting powers of the textures.

Every one acquainted with cholera has probably observed, in the collapse of this disease, how useless was the attempt so persistently made to make the patients warm by hot-air baths, hot sand, hot bricks, &c., and how much discomfort was occasioned by the attempt; whilst, on the other hand, how grateful to them was cold sponging, the administration and application of ice, and the free admission of cold air to the skin and lungs, and this although the breath was sometimes itself cool. May it not be that the relief thus experienced has some connection with that modification of the conducting powers of the textures just suggested as a probable explanation of those singular phenomena; and some indirect connection also with the familiar fact that persons or parts which have been chilled or frozen, are more speedily and safely relieved by cold applications than by warm. All such facts probably have a significant relation to the various phenomena of disease connected with cold and heat, and these sensations of the patient; and also with chilliness, shivering and ague turns, all of which are connected with these sensations, and with various disturbances of the nervous system.

In chronic diseases, the management in reference to animal heat enters more universally into the plan of treatment than in acute.

In acute it is rather incidental; in chronic it is fundamental. A due equilibrium between the production and transmission of heat is essential to the perfect performance of all those functions on which, as formerly stated, the processes of recovery depend. The regulation of all the habits of life as to clothing, habitations, artificial warmth, climate, exposure, air and exercise, have some connection with the maintenance of this equilibrium, and although in a state of health, and to a certain degree under disease, we can endure a certain amount of departure from it, yet, in proportion as disease is present, the capacity for this endurance is diminished, and it becomes important to prevent the unfavorable effects of it. In a majority of chronic diseases, the heat-making and cold-resisting capacity appears to be impaired, and since, partly as the consequence, exhaustion, debility, and a defect in the power of recovery are the prevailing tendencies of these diseases, the regulation of all the habits which relate to this point should be a constant subject of regard.

Under the ordinary exposure of mankind, even in the hottest climates, the current of heat is from within outward, and it rarely happens that we do not part with more heat than we receive. In some seasons and in some countries the quantity lost is small, and of course there must be a large check upon those vital operations by which heat is developed. This check, however, seems to be, taken alone, seldom injurious, and the diseases of hot climates, so far as we can refer them to the influence of accumulated heat, are few as compared with those of cold. It is notorious that hot climates and hot seasons are healthy, except so far as we can trace the origin of disease to causes generated by the action of heat upon substances outside of the human body. But it is not so with the influence of cold, for although many other causes co-operate with and intensify its agency, we yet know that by itself alone it deteriorates health and produces disease.

In managing most chronic diseases, therefore, it is the demand upon the body for its heat, and the necessity of arranging the habits of the patient with a view to this, that we have to consider. Not only the ordinary demand for the evolution of heat continues, but generally a diminished capacity exists for this evolution, and consequently a liability to be injured and exhausted by it, which does not exist in health. Doubtless there is a great difference in the power of different individuals in this respect, but there are few in whom the capacity for resisting cold is not diminished by all chronic disease. In practice, it is always safest to err on the side of too much precaution than too little, especially in the matter of clothing. Persons will often suffer in their sensations from too much, but rarely in their diseases.

This is true even of the general clothing of individuals in temperate climates in health; and I believe it to be a fact, and an important one, that the most common fault in such climates is to en-

deavor to get along with too little clothing, and that it is really a safer rule to wear as much clothing as we can bear without discomfort, than as little as we can without it. Doubtless there are individuals with regard to whom this is not true, and cases in which they are exhausted and debilitated by much clothing, whilst they are refreshed and invigorated by diminishing it. But this I am convinced, after long attention to the point, is rather exceptional, and yet frequent enough to make a due regard to it proper in every case. There are many general rules in practice, but no universal ones, and this is so here.

I can only now state this general principle of the sanative effects of preventing the dispersion of the animal heat. Its practical management runs out into so many details which require to be modified by constitution, circumstances of exposure, and character and stage of disease, that they must be left to the knowledge and good sense of each practitioner. The greatest error perhaps on this point arises from the disposition to substitute external warmth by artificial heat, and the exclusion of air and confinement within doors, for adequate clothing. The effect of this error is to deprive patients with chronic diseases, and even persons with simply feeble health, of the invigorating influence of external air. Bad and variable as our climate is, there are few individuals who may not, by the careful and gradual cultivation of the habit, acquire the power of going abroad in all seasons and almost all weathers, not only without danger but with positive benefit. More persons induce imperfect health by the habits of seclusion engendered by the fear of taking cold, than are actually injured by taking cold. No doubt an artificial state of the system in this particular is produced in many persons, and no sudden change of habit would be safe. Their management should be cautious and delicate, but there are probably few in whom the change might not be brought about. This is even true of a class of complaints—those of the throat and lungs—usually regarded as peculiarly liable to injury from exposure. The use of the respirator is especially valuable in such cases, and is almost universally sufficient to prevent injury. Even the irritating and harassing influence of the east winds of spring is thus signally mitigated. This instrument is also capable of performing an important office in husbanding the animal heat, and many persons are thus kept warm by it and secured from the influence of cold, by a much less amount of protection than would otherwise suffice.

The application of artificial heat to particular organs, and also the prevention of the escape of the natural heat from them, is often found of important aid in relieving many of the sensations of disease, and probably also in promoting their recovery. A diseased organ, as well as a diseased system, may be unfavorably affected by the exhaustion of its heat, and derive a consequent benefit by preventing it. I have already referred to the good effects of

guarding organs which have suffered from acute disease, or exposure during convalescence. The examples of a corresponding advantage to organs affected with chronic disease are even more numerous. Local pains, both rheumatic neuralgic and from chronic inflammation, affections of the kidneys, bowels and uterus, and many of the throat and lungs, furnish numerous examples of this sort.

It is obvious how many other particulars of treatment are suggested by these considerations, and yet how impracticable it is to enter into them in a consideration whose object is to illustrate merely the principles upon which treatment is to be conducted, and not to enter into a full account of its details.

## Army Medical Intelligence.

### Qualifications and Duties of the Regimental Surgeon.—(*Continued.*)

[Communicated for the Boston Medical and Surgical Journal.]

*Enlistment of Men.*—A part of the surgeon's duties is to examine and decide on the qualifications—physical, intellectual and moral—of men for the ranks. The recently-appointed regimental surgeon will sometimes find difficulty in detecting certain diseases, which will be concealed for the purpose of enlistment. He must also know that at the present time there are a great many volunteers in the service totally disqualified for the performance of their duties by diseases existing before they entered the ranks. He will therefore examine carefully each candidate; the eyes, the teeth, the hearing, the motions and strength of the limbs, shape and proportions of the lungs, the condition of the heart and the great bloodvessels, the abdominal canal, &c. &c. And although he need not be quite so strict, perhaps, for the volunteer service, as he would be in examining for the regular army, yet he should, in my opinion, reject all who are like many who have been admitted, especially to the cavalry service. There is nothing gained by passing men who are not fully competent. Ignorant of the duties to be performed, many of our citizens urge their claims to enlistment under circumstances which will certainly in a few weeks, or months at farthest, convince them that they are perfectly useless as soldiers. Indeed, the regulations of the U. S. Army are eminently proper and necessary, and it would be much better in the volunteer service, in my estimation, to follow these regulations in the matter of enlistment strictly and to the letter. We have able-bodied men enough to fight the battles of the Union, without taking minors, incompetent for lack of years and strength, or old men, debilitated by age and disease. Of course such common diseases as cataract, amaurosis, epilepsy, deafness, paralysis, loss of some of the limbs, enlargement of the heart and great vessels, consumption, hernia, hydrocele, piles, varicocele, varices, chronic ulcers, old fractures, anchylosis, &c., are sufficient causes for rejection of the candidate. It would be better that none should be admitted to the ranks over forty-five years of age.

The consequence of neglecting these wise regulations of the Army is that there is a large body of cripples, and old, worn-out men, hang-

ing about our regiments, lying in the hospitals, and almost entirely worthless in their tents. I have been much surprised at the number of youths and mere boys of fourteen, fifteen and sixteen years of age, totally unable to do the duties of a soldier, whom I have found in the ranks. It must be admitted, however, that a few months of easy training and kind treatment change these boys very much. They learn the tactics quickly, and soon adapt themselves to the requirements and duties of military life. But the demands of the service are such that they cannot always be favored with light duty. When this is the case, they fail in strength, sometimes in health, and break down entirely and leave the service. All this is very costly to the Government, with no good results. Let the surgeon, then, be strict in his examinations, according to the regulations (or see that his assistant does the duty properly), so that the blame of admitting incompetent material shall not rest with him. He will be frequently imposed upon, even while using his best endeavors to prevent imposition. For instance, an old man of seventy-four years, who claimed to be a soldier of Napoleon I., and to have been at the battle of Leipsic, presented himself at the arsenal in Philadelphia for enlistment. When asked his age, he replied that he was over seventy. His answer, of course, excluded him. The next day, a fine-looking man appeared, with black hair and whiskers, who was immediately enlisted, at the ripe age of forty-five. In a week or two, this black-haired soldier gradually became gray, and his age in camp suddenly arose to above seventy. The two medals which he wore, and a twinkle of the eye, proved the black-haired man to be the Napoleonic soldier. This is all very well so far; but the other day the old man, with half a dozen others not so strong as himself, surrounded the surgeon's tent, begging the latter to make out their discharge papers—a request which he complied with very willingly.

*Discharges.*—Another very important and very delicate duty which belongs to the regimental surgeon, is the matter of discharges, on "certificate of disability." This matter is almost entirely in his hands, and here it is that he is continually met by feigned diseases. The disability must of course be a permanent one, otherwise the Government does not give up its hold on the soldier. It is astonishing to see with what persistence, perseverance and courage some persons will feign diseases of which they are almost entirely ignorant. A young man from the western part of Pennsylvania did no duty in the regiment, under various pretences, as having a cough, some eruptive disease, &c. &c., from the time of his enlistment, until a few weeks ago—a period of nearly five months. Some three months ago his Captain brought him to me, stating that the men of his tent refused to stay with him, because, in the language of the Captain, "he was nearly rotten." I saw immediately, by his hang-dog look and stolid expression of countenance, that he was a persevering fellow. I asked him, before the Captain, what was the matter. He said that he had some very bad disease in his left arm-pit, which prevented the use of the arm, and had a very fœtid discharge. I told him to call at my tent at a convenient hour, and I would examine him. When he came, I had some trouble to get him to expose his arm-pit, on account of the *stiffness of the arm* and shoulder, which he kept continually tied up. I finally reached the disease, and found a little scaly eruption produced by the friction of his shirt, hardly discernible to the naked eye. There

was no discharge, and no unusual odor. I immediately charged him with feigning, and told his Captain to put him to duty. The young man had played upon the Captain's feelings so effectually that he still allowed him to continue idle about the camp. Gradually, however, the extreme soreness and rottenness of his arm got better; but he found himself ruptured, although he had done no duty, nor been on horseback since he came into camp. He convinced the assistant surgeon of the truth of this assertion, and attempted to get discharge papers on that ground. The fallacy of this pretension being proved to him and to his Captain, he next had varicocele. A cough and cold, likewise, were perpetual accompaniments, and always came in with everything else. Six weeks leisure was gained by having rheumatism in the right hip, extending to the knee and making him lame, so that he limped through the camp all the time with a cane. His father, at the sacrifice of time and money, came all the way from Alleghany County to see his son and to beg me to get him out of the service. After long and repeated consultations, and on coming to the conclusion with his Captain that he would be of no use in the Army at any rate, I made out his discharge papers on the ground of chronic rheumatism. Now these papers have first to be filled up by the Captain of his company; second, by the Surgeon of his regiment; and, third, by the Colonel commanding, and then approved by the Brigade Surgeon, the General Commanding, the Medical Director, and the General-in-Chief. One copy of these papers remains in the hands of the Captain, the other is kept by the man. This circle of signatures and formalities, which must be gone through with according to rule, verbally and literally, requires sometimes a week, sometimes two weeks, or even as long as three months, to be accomplished. Some four weeks went round, during which my patient was limping about the camp, fattening up and looking very well in the face, before the papers returned from Washington. One name had been omitted in their rounds through the offices—that of the Brigade Surgeon. It was necessary to get his name. My poor, broken-down, but now internally jubilant soldier, called upon the Brigade Surgeon for his signature. This personage examined my patient with the lynx eye of science, and saw through him at once. He did not hesitate, an instant, remorsely to write on the document, "not approved." This was the hair that broke the camel's back. "Hope withering fled, and mercy sighed farewell." By this time the Captain began to open his eyes, the young man was put upon full and picket duty at once, and now fulfils the duties of a soldier with fidelity and industry. No rheumatism or any other disease is complained of—no cane, no crooked leg, no difficulty.

Another has been dying of consumption for three months in his tent, to the full conviction of his Captain and some of the medical officers. Still another has run the gauntlet of some half a dozen diseases, and is now in the hospital with consumption, *spitting blood*. This also is a young man, but an old sailor. The list in this way might be extended indefinitely. The "regulations" very wisely insist on a medical officer taking two months to decide the question in "doubtful cases."

*Nostalgia* is a not uncommon form of disease among volunteers. The young, whose maternal associations are still tender, are peculiarly subject to it; but the middle aged, and especially the recently married men, are also very liable to suffer from it. The Mosaic law, which allowed the newly married man immunity from enlistment and war for

one year, in order to "comfort his wife," was doubtless a wise regulation. I have seen, however, a stout man of forty or fifty, unaccustomed to the restraints of camp life, and aware of losses and troubles at home for want of his presence, sink into apathy and disease which shattered his very life. My medical acquaintances in the army tell me that volunteers coming from Vermont, and other mountainous portions of the New England States, suffer most from nostalgia. Occasionally, likewise, an instance may be found of one still more advanced in years, who, on viewing the near approach of death in the Army, and thinking of his distant home, will feel, in the language of Goldsmith :—

"In all my wanderings round this world of care,
In all my griefs—and God has given my share—
I still had hopes my latest hours to crown,
Amidst these humble bowers to lay me down ;
To husband out life's taper at the close,
And keep the flame from wasting, by repose.
I still had hopes, for pride attends us still,
Amidst the swains to show my book-learned skill,
Around my fire an evening group to draw,
And tell of all I felt and all I saw ;
And as a hare, whom hounds and horns pursue,
Pants to the place from whence at first she flew,
I still had hopes, my long vexations past,
Here to return—and die at *Home* at last."

JAMES BRYAN, *Brig. Surgeon U. S. Army.*

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ARMY AMBULANCES—CASES IN THE HOSPITAL OF RICHARDSON'S BRIGADE.

[Communicated for the Boston Medical and Surgical Journal.]

*Camp Michigan, Va., Head Quarters 3d Mich. Inf., Richardson's Brig., Jan. 13th, 1862.*

SINCE my previous communication, our brigade has moved a few miles nearer Secessia and gone into winter quarters at this place, four miles from Alexandria. We did not form a brigade hospital, as was anticipated, but we have formed a Brigade Medical Society which meets once a week for conference and interchange of opinions. The meetings are well attended, inasmuch as an extra inducement is held out in the shape of a rich supper to finish up with. The hospital stewards of three of the regiments are advanced medical students, capable of discharging the duties of surgeon in an emergency. These, with the Brigade Surgeon and the four surgeons and four assistants, make a very comfortable attendance ; just enough to be sociable and not so many as to induce stiffness or much restricting formality.

At our last meeting, I presented a verbal article on a subject which I mean to mention here ; as through you it may find its way to army surgeons generally, and to some may be of importance. I allude to the subject of ambulances, with regard to which I fear a wrong impression prevails to a very considerable extent. And, as that impression is produced by an article in the "Army Regulations for the Medical Department," it is the more necessary that its fallacy be exposed ; for most surgeons will take statements from that quarter without question. In fact, I did so myself with this statement, until accident taught me better.

In the appendix to the small book furnished to surgeons by the Government, and styled *Regulations for the Medical Department of the Army*, there is given a report upon ambulances by a committee of Army Surgeons, consisting of Surgeons C. A. Finley, R. S. Satterlee, C. S. Tripler, I. M. Cuyler, and Assistant Surgeon R. H. Coolidge. This report is approved and adopted by order of the Secretary of War ; so that I of course took all its statements for some time as being next to incontrovertible. The report says :—

"The Board then proceeded to examine the models and drawings of ambulances. * * * * * The following are the decisions and recommendations of the Board:—

"1. That ambulance conveyance ought to be furnished for 40 men per 1000—20 lying extended and 20 sitting.

"2. That both two- and four-wheeled ambulances are necessary for the hospital service.

"3. That a two-wheeled ambulance is the best for the conveyance of dangerously sick or dangerously wounded men.

"4. The Board being of opinion that both the two-wheeled ambulances submitted to its inspection by Surgeon C. A. Finley and Assistant Surgeon R. H. Coolidge are well adapted to the purposes for which they were designed, and that their relative merits can only be determined by experiment; adopt both, and recommend that one of each pattern be sent to the respective military departments of, &c. &c.

"5. As the pattern of a four-wheeled ambulance designed by Surgeon Tripler, in the opinion of the Board, meets more fully the requirements of the service for the transportation of the slightly wounded, the slightly sick, and convalescent, than any other pattern that has been submitted, the Board decide to adopt it," &c. &c.

This report, as I have stated, was approved and adopted, and Hamilton, in his *Military Surgery*, quotes it with apparent approval. You will observe that No. 3 expressly states that the "two-wheeled ambulance is the best for the dangerously sick and dangerously wounded." Now, I have to take exception to this, and to state, as my candid opinion, that not only is the *four-wheeled* vehicle preferable, but that I would consider the conveyance of dangerously wounded men in the two-wheeled carriage *exceedingly dangerous;* and in fact, that I would not, except as a *dernier ressort*, put a dangerously wounded man into the two-wheeled carriage at all. I regard it as an important duty to my professional confrères to make this statement, and to make it as public as possible, for I feel certain that in case of an engagement, resulting in our having many wounded, serious injury will be done to the badly wounded who are left to the merciless jolting, pitching and tossing of the two-wheeled ambulances.

This opinion is not founded on theoretical grounds, but on actual experiment and experience; and any one who doubts it, has only to lie down in a four-wheeled ambulance and be driven over an ordinary country road eight or ten miles, and then change into a two-wheeled ambulance—lie down, and ride over the same road back again. I have lain in a four-wheeled ambulance, and have had the horses gallop frequently along the road from Alexandria to Pohick Church—some twelve or fifteen miles—and have not been rolled completely over. On the other hand, I have lain on the mattrass of a two-wheeled ambulance and gone over the same road, at a rate never faster than a trot, and yet I have been rolled over again and again, and thrown with such force against the uprights as to bruise my arm so that it was discolored for fifteen or twenty days. In fact, the pitching and tossing of the two-wheeled vehicle is quite equal to that of an ordinary *caleche*. This will make the difference of some lives if we have a great battle, as we all hope for, though the chances seem to diminish rather than increase.

I cannot leave this subject without requesting surgeons who read this to order out their ambulances, and lie down in them, and *test* the

matter. Hundreds of lives may depend upon this. After I mentioned the matter in our Society, I found that Brigade Surgeon Bliss was already aware of the difference in favor of the four-wheeled vehicle; and Surgeon O'Meagher, of the 37th N. Y., seemed to think that hand conveyance was the only safe way. Of course Dr. O'Meagher is right where hand conveyance is available, but when we are left to the choice of ambulances, by all means avoid the two-wheeled. It is, I understand, the one mentioned in the report as the design of Assistant Surgeon Coolidge.

Since winter came in, we have had a greater variety of diseases. Pneumonia began to show itself some three weeks ago in other regiments about us. With us, it began only about a week ago; or, I may say, it is now commencing, as it appears to be on the increase. We have had a few surgical operations—the extraction of a few balls—some of them the result of accident, and a few received in skirmishes. I do not want to waste your paper with detailed accounts of such wounds. I hope you do not expect that every gun-shot wound is worth reporting. I have seen only four since I wrote. One, of the finger; one, of the wrist; one, of the face, the ball entering a little above and outside the angle of the mouth and passing out behind the sterno-mastoid in the back part of the side of the neck. The course was a dangerous one, but no serious harm was done, and nothing was to be learned. In another case, a ball entered near the middle of the rectus femoris—a little above the middle—and was found just in front of the adductor magnus, four or five inches below the ischium, under the skin. It was cut out easily, and no trouble.

A few weeks ago we had some cases of diphtheria, but they were slight. Several cases of otalgia, terminating in otitis and suppuration, began in early December, and kept coming for some two weeks. Now coughs, colds, diarrhœa and dysentery, with a good deal of rheumatic pains, are the complaints.

Our hospitals have been a matter of great interest to the government, the Sanitary Commission, and every one concerned. Fortunately, we have hit on a good plan, and the medical inspectors have told us that we have the best field hospital in the army of the Potomac. Ere long I will give you an outline of it, if I see that it may help others hereafter. At present it is too late for change, and it would not be worth while to burden your pages with useless matter.

During the months of October, November and December, the cases of all kinds (no matter how slight, if they were excused from duty), occurring in the four regiments of this brigade, were thus:—Michigan 2d, 1,187; 3d, 756; 5th, 816; N. Y. 37th, 853. The leading diseases were:—Acute rheumatism, 101; chronic rheumatism, 24; intermittent quotidian fever, 207; intermittent tertian fever, 295; continued fever, 89; remittent fever, 75; typhoid fever, 144; constipation, 221; acute diarrhœa, 573; acute dysentery, 63; acute bronchitis, 132; catarrh, 709. Discharged, 124. Died, 14.

The mean strength of the regiments is as follows:—Mich. 2d, 927; 3d, 917; 5th, 923; N. Y. 37th, 729. There are only eight companies in this last regiment, two being detached.

GEO. B. WILLSON,
Assist. Surg. 3d Mich. Inf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 30, 1862.

NATURE IN THE CURE OF DISEASE.—The fashion that is somewhat prevalent at the present time of decrying the use of drugs in the treatment of disease, and which arises partly from a skepticism characteristic of our days, and probably in some degree from a species of indolence which readily finds an excuse for getting rid of a study, to many an unwelcome task, is well commented upon in the following extract from an article in a recent number of the London *Medical Times and Gazette*, which we would commend to our readers as containing much sound sense:—

"Another insidious and plausible mode of discountenancing the use of drugs is to represent them as 'unnatural,' and to speak of 'Nature and Art in the cure of disease,' as if there were some antagonism between them, and as if the use of drugs were artificial, and, if so, reprehensible.

"Just as one portion of popular error arises from ignorance of facts, so does another and more inveterate set of errors arise from confusion in the use of words. 'Nature,' for example, is a word that is incessantly quoted. It is 'natural,' we are told, to wear the beard; 'natural' to drink when thirsty; 'natural' for mothers to suckle their infants; and, as the authors of twopenny treatises and lectures on diet never fail to tell us, it is 'natural' to eat brown bread. Popular books on medicine are rich in this sort of practical joke, if we may call anything a joke that destroys human life, for we hold that bad logic destroys more lives than gunpowder. For example: one of the popular books on medicine which we reviewed lately (and by no means the worst of them) contained a story such as this:—'A monthly nurse once asked me, if she should give some gruel to a newly-born infant. I replied, "Now don't you think, nurse, that if *Nature had intended* it to have gruel, the child would have been born with a bottle of gruel round its neck?"' This poor woman of course was vanquished by this precious piece of argument; yet she might fairly have asked, in return, had Nature intended the cord to be divided; had she meant the child to be washed and dressed, and whether scissors, thread, hot water, soap, sponge, violet-powder, and cambric chemisettes might not have been objected to on the ground of unnaturalness, quite as much as gruel. The fact is, that the word *Nature* is used to signify at least two independent ideas. One is that brute, naked state in which any given thing happens to be found without interference or improvement by the hand of man: *a state of Nature* as it is called. The other meaning includes the whole faculties and capabilities, including the circumstances favorable to full and luxuriant growth and development. Thus, man in a state of Nature (to use the word in one sense) is a filthy, stinking, verminous savage, thoroughly selfish and utterly deficient in those finer feelings of love for parents and children which we, educated under the influence of Christianity, are wont to call 'natural affections.' But the nature of man (to use the word in the other sense), includes the possession of conscience and reason, which teach him to check mere brutal instincts, and prompt him to explore, subdue and utilize all the objects he meets with, and to employ them in such a way as to produce for himself the greatest amount of beauty, comfort, health and strength. Hence to denounce or sneer at, as *unnatural*, the use of drugs, which man's instincts prompt him to seek, and his intellect enables him to find, is a monstrous and most mischievous perversity. But so it is. A patient in a well-built house, in a comfortable bed, fed with food and clothed with textures from all the quarters of the globe, and dependent for his comforts, and even his life, on the accumulated products of centuries of human art, is supposed to be treated *naturally* if he takes no medicine: the case is 'left to

Nature; but if any of those beneficent means be used which have also been slowly gathered together during the progress of human civilization—leeches, for example, to take a little blood where it is superfluous; anodynes to procure sleep, or aperients to empty the bowels—forsooth this is unnatural and artificial! and therefore suspicious if not positively wrong.

"Let us say, emphatically, to administer drugs out of mere routine is contemptible. To give unnecessary medicines for the sake of adding to professional profit is degrading. The rash and blindfold heroic practice of giving active remedies in all cases (whether bleeding or brandy) is dangerous. To neglect air, food and regimen, is to let half our weapons lie idle. But we do desire most earnestly to vindicate and uphold the rational and temperate use of those drugs which are employed in ordinary practice; because they can produce effects quickly, which cannot be obtained quickly from rest, diet, or other appliances, and because human suffering may be enormously mitigated by them. Whilst we get rid of the old apothecary traditions, let us avoid that half-indolent, half-skeptical spirit that would rob us of some of our most valuable instruments, and encourage the public in prejudices that have been but too successfully instilled by our adversaries. Let us study the practical art of healing, and the uses of drugs especially, for, in the words of the author of Ecclesiasticus, 'He that is wise will not despise them.'"

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Messrs. Editors,—The note from Dr. Hayward, Surgeon of the 20th Mass. Regiment, published in your issue of to-day, has given me a most unpleasant surprise. I ought to have confined the publication to the purely professional part of Dr. Hayward's letter, but did not appreciate the propriety of such restriction till I read it in print.

I must state in self-defence that—neither with the letter, nor since—have I received, till now, the slightest intimation that it was to be regarded as confidential in any sense, or to any degree. At the same time, I would express my extreme and sincere regret that any act of mine, intended simply to lay before the profession a narrative of great present interest, and with the very kindest motives and wishes towards Dr. Hayward, should, in any way, have given "chagrin and mortification" to one whom I have always regarded with the most sincere esteem.

The possibility that the letter might be published probably never entered Dr. Hayward's thoughts, and *so* he did not accompany it with any prohibition or intimation of its confidential character; but still I will frankly acknowledge that, in my own interest in his narrative and my desire that others should participate in that interest, I failed to reflect sufficiently on the annoyance which might possibly result from its publication.

Henry A. Martin.

*Roxbury, January 23d,* 1862.

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Messrs. Editors,—A Review in a late number of the Journal of a pamphlet on "An improved Method of treating Fractures of the Thigh, by Gurdon Buck, M.D., of New York," suggested to me that it would be well to mention that the apparatus alluded to has been tried with success at the Mass. General Hospital; Dr. Buck having kindly sent me one of them.

The patient on whom it was applied was a male adult, with fracture of the thigh. The result was only half an inch shortening. I have seen the patient, a month after his recovery, and he thinks he shall walk without any lameness. I was enabled, fortunately, to compare this case with that of another patient, who lay beside him, with a similar fracture, and who had on the improved Dessault apparatus of the Hospital; they both unqualifiedly expressed their preference for this ar-

rangement, as more conducive to comfort, while it enables the patient to sit up in bed at his meals, and to have his evacuations with more ease. Its simplicity is certainly a recommendation, as it can be applied with facility in private practice.

A boy, with fracture of the thigh, has since been treated with it, and it has resulted in no shortening, which, however, is an occurrence not unusual in patients of that class.

18 *Somerset Street, January*, 1862. S. D. Townsend.

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Report upon the Sanitary Condition of the Army.—The Medical Board appointed to consider the sanitary condition of the army of the Potomac, consisting of Drs. McLaren, George H. Lyman and Asche, have made their report, which furnishes some interesting facts in relation to the character of the disease termed "typhoid fever," and the causes of its adynamic type. They were requested especially to inquire whether the disorder was to be considered an intermittent or bilious remittent fever in its inception, assuming in its course the typhoid type, or a typhoidal fever primarily.

"The Board report that the disease was evidently of malarious origin. As a general rule, the fever treated as malarial, with quinine and mercury, was checked, and the typhoid state only appeared as a result of a continued neglect of hygienic precautions when in health, and in those persons who had been exposed to unusually severe and prolonged duty. The cases were not of the gastro-enteric fever, so common in the northern States, and there generally known as "typhoid fever," but the previous location of the regiments in regions notoriously malarious, justified the Board in attributing malarial origin to the cases under their notice. The disease assumed different aspects in the different divisions, and from causes that are explained. In Gen. Smith's division nearly all the diseases assumed a typhoid type, which was attributed to 'crowd poisoning,' produced by overcrowding men in their quarters, and also to fatigue in excessive drilling. The Board found nothing to justify an opinion that typhoid fever existed as an epidemic. They suggest the means of preventing disease of the sort, viz., sufficient space for quarters; proper discretion in allotment of time for drill; the rigid enforcement of cleanliness, and diversion of the mind by gymnastic and other sports. The Board states, in conclusion, that the sanitary condition of the army generally is eminently satisfactory."

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Military Hospitals in Missouri.—The Secretary of the Western Sanitary Commission, J. G. Forman, has published a report concerning the hospitals in and around St. Louis, Mo., from which the following statistics are obtained:—"Whole number of patients admitted into the general and post hospitals of St. Louis, from August 11, 1861, to January 1, 1862, 8,676: number of patients in hospitals Jan. 1, 1,407; number of deaths, 532." These cases occurred in nine hospitals, including one for smallpox (on an island) with 56 admissions, 12 deaths, and 26 remaining; also one for measles with 864 admissions, 85 deaths, and 131 cases remaining. In regimental hospitals, barracks, &c., in and near St. Louis, besides the above, also in Rolla and along the line of the Pacific Railroad, nearly 5,000 more cases are reported during the same time, with an incomplete return of deaths. In the total number of deaths reported, in the hospitals first named, are, from febris typhoides, 196; pneumonia, 98; diarrhœa acuta, 28; do. chronica, 20; dysenteria acuta, 11; do. chronica, 20; consumption, 27: erysipelas, 23; gun-shot wounds, 10.

Medical Matters in the Sixth Vermont Regiment.—A letter from this Regiment says—"On the 8th of January fourteen of our regiment were discharged from service for disabilities. All of them, or nearly all, were unfit for military duty at the time they enlisted, and were not inspected out by the examining surgeon.

"Mr. Phillips, who has been our faithful Ward Master, has been commissioned Assistant Surgeon of the regiment.

"Since my last to you there have been nine instances of mortality in the regiment, part of them taking place at the Brigade Hospital, making an aggregate number of 36. The new log-cabin Hospital, built some 150 rods from our grounds, is completed, and will be occupied as soon as the weather will permit the sick to be moved."

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New Military Hospital at Hilton Head, S. C.—The correspondent of the *New York World* gives the following gratifying information respecting the provision which is making for our numerous sick soldiers at Port Royal:—"The Hospital building approaches completion. The order to get the materials was taken to New York by the Atlantic on her last trip, and during the time that she remained in port every plank, beam and joist, to be used in its construction, was prepared and fitted together. A salubrious site has been chosen, and in a week or two our sick soldiers will be provided with proper accommodations. The building will form a hollow square of 325 feet in length from angle to angle. The main floor will be elevated three feet above the ground, and the height of the ceiling will be fifteen feet. Spacious corridors will be attached to the main building for the purpose of affording exercise and recreation to the convalescing patients. It is intended to accommodate 300 persons comfortably, allowing ten square feet to each person; but in case of emergency, double that number could be provided for."

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Hospital Accommodations for the Burnside Expedition.—Accounts in the papers, which appear to be reliable, respecting this expedition, give the following particulars of the hospital arrangements connected with the fleet:—Major Church, Division Surgeon, has established very excellent accommodations for the sick and wounded. The schooner Recruit, one of the best vessels in the fleet, is fitted up with 440 berths on two decks in her hold, and furnished with every appliance necessary to the care and comfort of the disabled. Everything is remarkably neat and clean; and the transition of the suffering soldier from the regimental hospitals, where chills and colds and sweats succeed each other, to the warm and comfortable apartments of this ship, must indeed be gratifying to his enfeebled energies. The division hospital ship is in charge of Dr. Samuel A. Green, of the Massachusetts Twenty-fourth, assisted by Dr. Theron Temple, of the Twenty-fifth Massachusetts, and Dr. Dodge, of the Fifty-first New York.

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Re-organization of the Medical Department of the Army.—A meeting was recently held in New York, as we learn from the *Medical Times* of that city, of the Associate Members of the U. S. Sanitary Commission, and of the members of the Commission resident in the city, for the purpose of urging upon Congress the importance of reorganizing the Medical Department of the Army. Among the changes

advocated were that of substituting merit for seniority in the law of promotions, and the establishment of a higher grade of assimilated rank than that of a colonelcy. Senator Wilson's bill, now before the Senate, or one substantially the same, was recommended to Congress in the resolutions passed by the meeting.

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Effect upon Consumptives of Sea Voyages and Warm Latitudes.—The Parisian Correspondent of the *Evening Gazette*, of this city, in a recent letter in that paper, says that the French Academy of Medicine has recently renewed the consideration of the subject of the influence of sea air and warm climates on the health of consumptives. In 1855, an essay on this subject by Mons. Jules Rochard obtained the prize which had been offered by the Academy. In that essay, the writer totally denies the favorable influence which had been thought to be exerted on patients affected with pulmonary phthisis, by sea voyages or a residence in warm climates. On the contrary, he maintains that phthisis is much more rapid in its progress aboard ships than on land —that it is more common among sailors than among soldiers on shore—that none but stout lungs can breathe an atmosphere saturated with humidity and irritating saline vapors from the sea—and that warm climates situated near the tropical regions exert an unfavorable influence on pulmonary tuberculization Phthisis, he says, has its victims in every latitude. Statistical tables were made out to support his views. Soon after, Mon. P. Garnier read a memoir to the Academy for the purpose of controverting the bold assertions of M. Rochard. The proofs in support of his own side of the question were mostly drawn from the statistics of deaths in the large naval hospitals of France—at Toulon, l'Orient, Rochefort, Brest and Cherbourg; in which he finds that out of 8,997 deaths which have taken place, only 847 were caused by phthisis. This is less than one tenth, whereas one fifth is the average annual mortality from the disease throughout France. In examining the subject anew, Mons. Blache read the report, which is considered a very able one. He carefully examines the two former memoirs, and decidedly gives preference, for accurate investigation and reliability, to that of M. Rochard. The facts from the navy yards, upon which M. Garnier relies so much, are not thought by Mons. Blache to be strictly applicable, as so many of the individuals in such pla ·s are confined in houses and workshops on shore, where the la.d breezes periodically blow, and cannot therefore be said to b·athe a sea air. The Academy adopted Mons. B.'s report, and therefore have now given new currency to the opinions of M. Rochard in 1855. The whole investigation and discussion upon the subject seem to warrant the belief that one's native air is best suited to the proper treatment of consumption.

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State Lunatic Hospital at Northampton.—From the Sixth Annual Report of the Superintendent of this Institution, Dr. Wm. Henry Prince, to the Board of Trustees, we learn that "at the close of the last year, there were in the hospital 315 patients, of whom 137 were males and 178 were females. Since then 122 have been admitted, of whom 70 are males and 52 are females. Seventy-five patients have been discharged during the year, of whom 43 are males and 32 are females. Thirty have died; of these, 15 were males and 15 were fe-

males. There are now therefore remaining under treatment, 332. One hundred and forty-nine of these are males and 183 are females. The whole number under treatment during the year is 437. We have now in the hospital 17 patients more than at the beginning of the year, and during this year the benefits of the institution have been extended to 37 persons more than in the year preceding."

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MORTALITY OF TOWNS IN CONNECTICUT.—The *Connecticut Courant* gives the following registration returns from several places in the State, for the year 1861:—New London, births, 210—males, 94; females, 114; sex not stated, 2. Marriages, 90. In Windham, 118 births, 53 marriages, and 60 deaths. In Norwich, the number of marriages was 167; births, 407; deaths, 233. The number of births in Bristol is reported at 42; marriages, 63; deaths, 55. The deaths in Danbury were 118. Of those who died, 10 were 70 years old, 8 were 80, 7 were 90, and 3 were 100. Number of births in Bridgeport 519; of marriages, 93; deaths, 257.

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APPOINTMENT.—Dr. C. F. Winslow, late of this city, has been appointed U. S. Consul at Paita. Dr. Winslow has recently held the office of Physician to the Hospital at Callao.

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WE are indebted to Dr. Ephraim Cutter, Secretary of the Middlesex (Mass.) East District Medical Society for three interesting cases, which we regret we have not room for this week. We should be glad to receive similar favors from other District Societies.

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THE practice of salting the streets of New York, after every snow storm, to hasten the melting of the snow, is now forbidden by law. Great injury resulted from it to persons in the street, and also to horses, in consequence of exposure to the intense cold to the feet produced thereby. As a sanitary measure this action of the Common Council, says the *N. Y. Med. Times*, is worthy of all imitation.

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## VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 25th, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 41 | 37 | 78 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 39.8 | 37.1 | 76.9 |
| Average corrected to increased population, | .. | .. | 85.77 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 17 | 0 | 4 | 6 | 7 | 0 | 0 | 1 | 1 |

TO CORRESPONDENTS.—A paper on the History and Properties of the Pyrophosphate of Iron, by Prof. Chapman, of Brooklyn, N. Y., and one on Dr. Cooper's "New Surgical Principles," by Dr. G. B. Willson, will appear next week. Papers read before the Middlesex East District Medical Society; Dr. Cotting's description of a new "Fracture Bench"; Extracts from the Records of the Boston Society for Medical Improvement; Dr. B.'s description of a "freak of nature"; and Dr. H. A. Martin's Obstetrical Cases, are also on file.

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PAMPHLETS RECEIVED.—Eighth Annual Report of the Inspectors of the State Almshouse at Monson.—Sixth Annual Report of the Board of Trustees of the State Lunatic Hospital at Northampton.—Eighth Annual Report of the Inspectors and Superintendent of Rainsford Island Hospital, Boston Harbor.

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MARRIED.—In Lawrence, Jan. 15th, Dr. S. W. Jones, of Leavenworth, Kanzas, to Miss Mary Lizzie Richards, of L.—In East Brookfield, Vt., Jan. 1st, Dr. George A. Fisk, of Barton, to Miss Georgianna Updike, of East B.

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DEATHS IN BOSTON for the week ending Saturday noon, January 25th, 78. Males, 37—Females, 41.—Apoplexy, 1—asthma, 1—congestion of the brain, 1—inflammation of the brain, 1—bronchitis, 3—consumption, 17—convulsions, 3—croup, 4—debility, 2—diarrhœa, 1—diphtheria, 1—dropsy, 3—dropsy of the brain, 1—epilepsy, 1—erysipelas, 1—scarlet fever, 6—typhoid fever, 1—gastritis, 1—disease of the heart, 2—infantile diseases, 4—disease of the lungs, 1—congestion of the lungs, 1—inflammation of the lungs, 7—marasmus, 1—paralysis, 1—pleurisy, 1—puerperal disease, 1—scrofula, 2—teething, 1—unknown, 5—whooping cough, 2.

Under 5 years of age, 37—between 5 and 20 years, 8—between 20 and 40 years, 18—between 40 and 60 years, 5—above 60 years, 10. Born in the United States, 59—Ireland, 16—other places, 3.